

BARCODE:	

SPECIALIZED PROGRAMS APPLICATION FOR SCHOLARSHIP

Please submit to: <u>Specialized Programs</u>, 4554 NE 41 St. Seattle, WA 98105

June 24, 2018 - June 22, 2019

					Ap	plicant In	formation								
Adult Name or											☐ Male ☐ Femal	e			
Parer	nt/Guardian:							Birth D			☐ Gender Neutral				
		Last First													
Add	ress:														
Street Address						Apartment/Unit									
		City	Sta	to				ZIP Co	ndo						
		City	Sia	ıe											
Con	tact Info.:	()		Email											
		Phone													
	Specialized Program Request														
	Υ	outh Ge	neral Scholarship		Adult General Scholarship										
	Youth Su	mmer Da	ay Camp	Υ	Youth Summer Overnight Camp Adult Su				dult Summer	Summer Overnight Camp					
	Week 1: □		Week 3: □	W	/eek	1: 🗆	Week 3:		W	eek 1: 🗆	Week 3: □				
	Week 2: □			W	/eek	2: 🗆	Week 4:	Week 4: □		eek 2: 🗆					
					Pai	rticinant Ir	nformation								
					Participant Information The below of			ateg	ories are u	atistical purposes.					
Nan	ne:			Birth	ndate):	Age:			nder:					
							☐ Youth ☐] Adu	lt 🗆 I	Male □ Femal	le				
							☐ Senior A	dult (5	50+) 🗆 (Gender Neutral					
Ethr	nicity: 🗆 Asia	an □ B	lack ☐ Hispanic	□W	—————————————————————————————————————		ore Races □	re Races ☐ Native Am./Alaskan Native			☐ Native Hawaiian/F	— ગ.			
Diag			shana tha mantialmas	.4 !!											
	se describe v /ith Parent(s)		/here the participa: her Family	roup l		e □ Foster	· Family □ (Othor	(enecify)						
	, ,		•	Toup I	IOITIE	- L LOSIGI	City:				Zip Code:				
Address: (if different than applicant)						Oity.			Giaic.	Zip Gode.					
Email:						Primary Phone			Secondary Phone						
							, ,			,					
	Vorifi	cation	of Household Ir)COM	10.2	nd Donone	lont Eligibi	litv,	Attach	Conv of Do	cumonts				
	VEIIII	CallOII	oi nouseilola li	ICOII	ie a	<u> </u>		iity .	- Allacii	Copy of Do	Cuments				
Total Family Income: \$					☐ Yearly Income or☐ Monthly Income			Number	of noonlo in h	a u a a h a l d u					
101	ai Faiiiiy ii	icome.	. Þ							Number of people in household: Gross paycheck stubs before taxes (1 month					
□ 1040 income tax form (most recent)					Proof of Disa	ability Pay		-	of 32+ or 2 months of 31 hours or less for all						
		()				(SSI)			household income)						
]	Proof of Soci	al Security Benefits (SSA or SSA-		SA-]	Unemployn	nent		City of Seattle Utility Discount program						
	1099)			statement				qualification (50% scholarship only, provide bill statement)							
										Child support payments (not used as main					
	Current TANF	/ Welfar	Welfare			etirement		verification only for additional income)							
	Full- time St	II- time Student verification (Class			Directly constitution		:t-		Other: P	lease list type of	document:				
Schedule and Financial Aid Paperwork)			☐ Birth certific		icate										
OFATTI E DADINO AND DECREATION OF THE HOE ONLY															
SEATTLE PARKS AND RECREATION SITE USE ONLY Site: Site Staff Signature: Date:															
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SCHOLARSHIP OFFICE USE ONLY Scholarship %: Pool Scholarship %: Approved By:										Dete					
Scholarship %: Pool Scholarship %:				o: 	Аррі	ovea By:					Date:				
Notes	S:										•				